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I hereby revoke all previous powers of attorney given In the application identified in the attached statement under 37 CFR 3.73(b).						
I hereby appoint:						
x Practitioners associated with the Customer Number: OR Practitioner(s) named below (if more than ten patent practit			261		customer numbe	er must be used):
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any and all pate	r agent(s) to represent the undersign the applications assigned only to the form in accordance with 37 CFR 3.7	undersigned acco				
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Assignee Name and Address: BOARD OF REGENTS OF THE UNIVERSITY OF NEBRASKA 3835 HOLDREGE ST. LINCOLN, NEBRASKA 68488						
A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filled in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filled.						
SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee						
Signature	The individual whose signature	Date	D-4-			
Name	David Consult			6/10/09	•	
Title	David Conrad Associate Vice Chancellor Technology Develop			hone		
1100	Associate vice Chancel	ioi Tecunolo(h neveloblueur			